



Arizona Board of Occupational Therapy Examiners

1740 West Adams Street, Suite 3407 • Phoenix, Arizona 85007
(602) 589-8352 • FAX: (602) 589-8354

www.ot.az.gov

OUT-OF-STATE TELEHEALTH REGISTRATION APPLICATION

REQUIRED DOCUMENTS

- ☐ Completed application, signed and notarized
- ☐ Payment for application (**MONEY ORDER OR CASHIER'S CHECK** made to ABOTE for the TOTAL amount due.) **All fees are non-refundable.**
- ☐ Proof of professional liability coverage
- ☐ Designation of duly appointed statutory agent for service of process in this state
- ☐ Statement of Citizenship and Alien Status
- ☐ Copy of the document(s) being used to verify citizenship and alien status.
- ☐ Certified letters of good standing (license verification) issued by each state you are currently or previously licensed in. Applicant must contact each state in which a license is currently or previously held and mailed to our office.

FAXED APPLICATIONS WILL NOT BE ACCEPTED!

SELECT ONE <input checked="" type="checkbox"/>	REGISTRATION FEE	FEES
	OCCUPATIONAL THERAPIST	\$300.00
	OCCUPATIONAL THERAPY ASSISTANT	\$225.00

PERSONAL INFORMATION (Type or Print)

Name	Last	First	Middle	
Other Names Used	Maiden	Also Known As – AKA		
Home Address	Number/Street	City	State	Zip code
Telephone Number	Home	Work	Cell	
Email Address				
Social Security Number		Date of Birth (mm/dd/yyyy)		

Federal and State laws require the Arizona State Board of Occupational Therapy Examiners to obtain an applicant's social security number in connection with an application for a license. 42 U.S.C. §666(a)(13); A.R.S. §§25-320(K) and 25-502(E). The social security number, which will be kept confidential from the public, will be used "to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders." A.R.S. §§ 25-320(K), 25-502(E).

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of occupational therapy and obey the laws of the State of Arizona and the Rules established by the Board of Occupational Therapy Examiners; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification/registration or disciplinary action, up to and including revocation, taken against an issued license, certificate, or registration. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

AFFIDAVIT OF APPLICANT

I, _____, under oath, do promise and swear that if this application is accepted and if I should be granted a registration practice telehealth as an occupational therapist or an occupational therapy assistant in this State, I will obey the Laws of the State of Arizona as they relate to the Board of Occupational Therapy Examiners (Arizona Revised Statutes Title 32, Chapter 34 (Occupational Therapy) and Title 6, Chapter 36 (Telehealth) and the associated rules established by the Board of Occupational Therapy Examiners, and maintain the honor and dignity of the profession. I have read these Arizona Revised Statutes and Rules and agree to be held accountable for any actions that may violate these Statutes and Rules.

Initial each item below:

_____ It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my registration may be suspended or revoked by the Board at any time. By virtue of this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Board of Occupational Therapy Examiners to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

_____ I understand that my application is a public record. I further state, under penalty of perjury, that all statements made by me and exhibits attached within this application are true, complete, and accurate.

_____ I understand that pursuant to A.R.S. § 36-3605, I shall make a good faith effort in determining both of the following:

1. Whether a health care service should be provided through telehealth instead of in person. The health care provider shall use the health care provider's clinical judgment in considering whether the nature of the services necessitates physical interventions and close observation and the circumstances of the patient, including diagnosis, symptoms, history, age, physical location and access to telehealth.
2. The communication medium of telehealth and, whenever reasonably practicable, the telehealth communication medium that allows the health care provider to most effectively assess, diagnose and treat the patient. Factors the health care provider may consider in determining the communication medium include the patient's lack of access to or inability to use technology or limits in telecommunication infrastructure necessary to support interactive telehealth encounters.

_____ I understand that I shall notify the Arizona Board of Occupational Therapy Examiners within five days after any restriction is placed on my license/certification in any other state or any disciplinary action is initiated or imposed.

_____ I understand that I am to act in full compliance with all applicable laws and rules of this state, including scope of practice, laws and rules governing prescribing, dispensing and administering prescription drugs and devices, telehealth requirements and the best practice guidelines adopted by the telehealth advisory committee on telehealth best practices established by section 36-3607.

_____ I understand that I am required to update this registration, if granted, and submit a report with the number of patients I have serviced in Arizona and the total number and type of encounters in Arizona for the preceding year.

_____ I understand that I may not provide in-person health care services to persons located in Arizona without first obtaining a license through the applicable health care provider regulatory board or agency.

_____ I understand that I may not open an office in this state, except as part of a multistate provide group that includes at least one health care provider who is licensed in Arizona through the applicable health care provider regulatory board or agency.

Signature of Applicant: _____ Date: _____

State: _____

County: _____

Subscribed and sworn to before me this _____ day of _____, 20____ by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE

My Commission expires: _____

All applicants are required to notify the Board immediately of any change of address, phone number or name. (A.A.C. R4-43-406)

Pursuant to A.R.S. § 32-3208, licensees must report misdemeanors or felonies to the Board within ten (10) business days after the charge is filed.

A.R.S. § 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

A.R.S. 41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section. A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02.

ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Out-of-State Telehealth Registration

Arizona State Board of Occupational Therapy Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for registration or registration update. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANTS NAME (Print or type) _____

TYPE OF APPLICATION (Check one) ☐ REGISTRATION ☐ ANNUAL REGISTRATION UPDATE

TYPE OF REGISTRATION ☐ OCCUPATIONAL THERAPIST ☐ OCCUPATIONAL THERAPY ASSISTANT

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☐ Yes ☐ No

If Yes, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

Name of document _____

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status. Name of document provided _____.

Qualified Alien Status (8 U.S.C. §§ 1621(a) (1), 1641(b) and (c))

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)

- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212 (d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Non-immigrant Status (8 U.S.C. § 1621(a) (2))

- ☐ 9. A non-immigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Non-immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a) (15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621 (a) (3))

- ☐ 10 An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Persons (8 U.S.C. § 1621 (c) (2) (A) and (C)).

- ☐ 11. A non-immigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See U.S.C. § 1621 (a).**

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

ATTACH THE FOLLOWING DOCUMENTS:

- ☐ **COPY OF THE DOCUMENT(S) BEING USED TO VERIFY CITIZENSHIP AND ALIEN STATUS**
- ☐ **PROOF OF PROFESSIONAL LIABILITY COVERAGE**
- ☐ **DESIGNATION OF DULY APPOINTED STATUTORY AGENT FOR SERVICE OF PROCESS IN THIS STATE**
- ☐ **PAYMENT MADE TO ABOTE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER**